





EXHIBIT 5-E

DIRECT BENEFIT SUMMARY

BENEFICIARY NAME AND ADDRESS	ETHNIC CATEGORY ()	RACIAL CATEGORY ()	M	F	H	E	FHH	LOW OR MODERATE INCOME	# IN HOUSE- HOLD	HOUSEHOLD INCOME	AMOUNT OF ASSIST- ANCE	TYPE OF ASSIST- ANCE
TOTALS												

() **RACIAL CATEGORY CODES:** 1. White 2. Black or African American 3. Asian 4. American Indian or Alaskan Native 5. Native Hawaiian or Other Pacific Islander 6. American Indian or Alaskan Native and White 7. Asian and White 8. Black or African American and White 9. American Indian or Alaskan Native and Black or African American 10. Other Multi-racial (balance of individuals reporting more than one race)

() **ETHNIC CATEGORY CODES:** HL. Hispanic or Latino NHL. Not Hispanic or Latino

OTHER CODES: M – Male F – Female
H – Handicapped E – Elderly (Over 62)
FHH – Female Head of Household